

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 32
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. CAMERON D. WRIGHT

Mailing Address 734 EAST 8TH STREET

City State Zip Code
 BOSTON MA 02127

FEC ID number of contributing
federal political committee.

C

Name of Employer
 MASSACHUSETTS GENERAL HOSPITAL

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 20 / 2015

Transaction ID : SA11AI.5753

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. ROBERT A. WYNBRANDT

Mailing Address 921 DRYDEN LANE

City State Zip Code
 HIGHLAND PARK IL 60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SOCIETY OF THORACIC SURGEONS

Occupation
 EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 25 / 2015

Transaction ID : SA11AI.5792

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR. J. NILAS YOUNG

Mailing Address 8 ROBERT ROAD

City State Zip Code
 ORINDA CA 94563

FEC ID number of contributing
federal political committee.

C

Name of Employer
 UC DAVIS CT SURGERY

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 26 / 2015

Transaction ID : SA11AI.5941

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1865.00